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	in this information t												
Det	Lea B Strickler												
	otor 2 buse, if filing)					_							
Uni	ted States Bankrup	tcy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA	4	_							
Cas	e number 19-12421				Ch	Check if this is:							
(If known)							An amende	An amended filing					
_									g postpetition ollowing date:				
O_1	fficial Form	<u> 1061</u>					MM / DD/ Y	YYY					
S	chedule I:	Your Inco	ome							12/15			
	t 1: Describ Fill in your empl	et to this form. (r spouse is not filing wi On the top of any addition	onal pages, write yo			number (if	known). A	Answer every				
	information.			Debtor 1			Debtor 2 or non-filing spouse						
	If you have more attach a separate		Employment status	☐ Employed			☐ Employed						
	information about employers.	, ,		■ Not employed	☐ Not employed								
		account or	Occupation	Disabled									
	Include part-time, self-employed wo		Employer's name										
	Occupation may i or homemaker, if		Employer's address										
			How long employed tl	here?									
Par	t 2: Give De	tails About Mon											
		ome as of the da	ate you file this form. If y	you have nothing to re	eport for a	any line, w	rite \$0 in the	space. Ind	clude your no	n-filing			
	u or your non-filing e space, attach a se		re than one employer, co	ombine the information	n for all e	mployers f	or that perso	on on the li	nes below. If	you need			
						For D	Debtor 1		btor 2 or ing spouse				
2.	, ,	· ·	ry, and commissions (be calculate what the monthly		2.	\$	0.00	\$	N/A				
3.	3. Estimate and list monthly overtime pay.				3.	+\$	0.00	+\$	N/A				
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	0.00	\$	N/A				

Official Form 106I Schedule I: Your Income page 1

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Debt	or 1	Lea B Strickler	_	C	Case number (if kn	nown)	19-12	2421				
					Fan Dahtan 4		F	Dabtan	2			
					For Debtor 1			Debtor				
	Copy line 4 here				\$ 0.00		non-filing spouse N/A		_			
	OOP	y line 4 here	4.		Ψ		Ψ_		14/7	<u> </u>		
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 0	0.00	\$		N/A			
	5b.	Mandatory contributions for retirement plans	5b		·	0.00	\$		N/A	_		
	5c.	Voluntary contributions for retirement plans	5c.		. — — — — — — — — — — — — — — — — — — —	0.00	\$		N/A	_		
	5d.	Required repayments of retirement fund loans	5d	l.		0.00	\$		N/A	_		
	5e.	Insurance	5e	١.	\$ 0	0.00	\$		N/A	_		
	5f.	Domestic support obligations	5f.		\$ 0	0.00	\$		N/A	 \		
	5g.	Union dues	5g	١.	\$ 0	0.00	\$		N/A	_		
	5h.	Other deductions. Specify:	5h	.+	\$ 0	0.00	+ \$		N/A	_		
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	:	\$0	0.00	\$		N/A	<u>\</u>		
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	:	\$	0.00	\$		N/A	<u>.</u>		
8.	List	all other income regularly received:										
	8a.	Net income from rental property and from operating a business,										
		Profession, or farm										
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
		monthly net income.	8a	١.	\$ 0	0.00	\$		N/A			
	8b.	Interest and dividends	8b	٠.	\$ 0	0.00	\$		N/A	_		
	8c.	Family support payments that you, a non-filing spouse, or a dependent										
		regularly receive Include alimony, spousal support, child support, maintenance, divorce										
		settlement, and property settlement.	8c.	:_	\$ 0	0.00	\$		N/A			
	8d.	Unemployment compensation	8d		·	0.00	\$_		N/A	_		
	8e.	Social Security	8e	٠.	\$ 1,024		\$		N/A	_		
	8f.	Other government assistance that you regularly receive					_			_		
		Include cash assistance and the value (if known) of any non-cash assistance	:									
		that you receive, such as food stamps (benefits under the Supplemental										
		Nutrition Assistance Program) or housing subsidies. Specify: Food Assistance	8f.		\$ 236	6.00	\$		N/A			
	8g.	Pension or retirement income	8g		:	0.00	\$_		N/A	_		
	8h.	Other monthly income. Specify:	8h			0.00	+ \$		N/A	_		
		· · · · ·	_				_			_		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,260	0.00	\$		N/	Α		
			г		1							
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	1,260.00	+ \$		N/A	= \$	1,260.00		
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L									
11.	Stat	e all other regular contributions to the expenses that you list in Schedule	J.									
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and											
		r friends or relatives.		-1-1-		P		\ - I I- I				
	Spe	not include any amounts already included in lines 2-10 or amounts that are not a cify: Contribution from adult son Kobe living with her	avalla	abie	to pay expense	es iisi	ea in S	cneauie 11.		1,600.00		
	Opc	Contribution from addit son Robe living with her							-Ψ_	1,000.00		
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.											
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies								Φ.	2,860.00		
									5	2,000.00		
									Combi			
10	D	Do you expect an increase or decrease within the year after you file this form?								monthly income		
13.	Do ≀		•									
		No.										

Official Form 106l Schedule I: Your Income page 2